I FILED JAN 1	9 195 <b>1</b>		MISION OF HE				4	125	50
LITED SHILL T	J 1991	STANDA	ARD CERTIF	CATE O	F DEATH	State	File No		<b>)</b> ()
BIRTH NO		REG. DIST.	ю. <b>д</b> 4 О	PRIMARY REG.	DIST. NO.101	<b>○</b> (*)	trar's No		25
I. PLACE OF DEA	∆TH		310	I 2. USUAL	RESIDENCE (	Tre description			
a. COUNTY	···· 0		_	a, SIAIE	Missour	<u>е і</u> в. соц	INTY	a	denos before admission).
b. CITY (If outside co	orporate limite, write	RURAL and give	c. LENGTH OF STAY (In this place)	P. SHY (II o	sutside corporate limit	, write BURAL az	al give town	hip)	7
TOWN St.	<del></del>	township	<u> </u>	O TOWN			ouis.		
d. FULL NAME OF A HOSPITAL OR INSTITUTION	(If not in hospital or Barne	es Hospi	taddress or location)	d. STREET ADDRESS		Elias .	Ave.		_
3. NAME OF DECEASED	a. (First)	b.	(Middle)	c. (La		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	ΡΔΠΤ.		D	MCMAH	AN	OF DEATH	12.		50
11 '	COLOR OR RACE	7. MARRIED, N WIDOWED, D	EVER MARRIEDA IVORCED (8pecify)	8, DATE OF B		9. AGE (In year last hirthday)	o of UNDER		MOER M HRS.
male ~	White	marr	lea /	<u>May 14</u>		34			
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF	BUSINESS OR IN-	11. BIRTHPLA	CE (State or foreign o	ountry)		12. CITIZE	NOF WHAT
done during most of world CLEP	<u>k</u>	Internal	. Revenue	Mis	souri	0		COUNTR	317
13a. FATHER'S NAME		136. N	OTHER'S MAIDEN	NAME		E OF HUSBANI			
Clare	nce McMa	han.   I	ora Bake	r	Bla	nch_A.	McMar	ian.	
15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16. S	OCIAL SECURITY	17. INFORM	ANT'S SIGN	ATURE OR N	AME	AD	DRESS
(Yee, no, or unknown) (If	2nd	0. 8614108)	NO.	Blanch	A. McMa	han 836	Ekia	as Av	e.
18. CAUSE OF DEATH			MEDICAL C	ERTIFICAT	ION	_			BETWEEN
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	CONDITION DING TO DEATH*/*	Sinded	wal,	luarr	hage;	Ani	Acce	ND DEATH
ime for (a), (b), and (c)	Į.	4	Remark	lage	In of	Rels .	sul	en	
*This does not mean the mode of dying, such	ANTECEDENT C	AUSES N	advant	5130,	om D	Lea 's	42	950	
as heart failure, asthenia,	rise to the above	ns, if any, giving Dicause (a) stating	i call	un	betwo	eeu c	ac of	ecra	tex
etc. It means the dis-	the underlying ca		Se to orce	Hann	1.10 Buch	clave a	ud	car	
tion which caused death.	mpiles-								
	Conditions contri	ibuting to the death b ase or condition cau	us the	when H.	21 4-0	new 2	raid	ef	_
19a. DATE OF OPERA-		idings of perma		nd &	exquase	Caun	ty	-20/ AUTO	RSY1
TION				Office	We Vera	ich	/	YES	
21a. ACCIDENT OF SUICIDE HOMICIDE	(Histority)		URY (e.g., in or about treet, giffee bldg., ste.)	21c. (ČITY, TO	WN, OR TOWNSHII	) (0)	YUNTY)	D-10-05T	ATE)
		Xu				10 //			
II AE -	ν.	(其9字)   21e. INJ <b>ラ</b> ろの   WHILE AT	URY OCCURRED	21f. HOW DID	INJURY OCCURT	<b>&gt;</b>	z 81	6.6	
INJURY	2400	WORK WORK	AT WORK	<u> </u>	<del> </del>	<u> </u>	7 4	<u></u>	<u> </u>
22. I hereby certify t	that I attended	the deceased fro	maih occurred at	, 19, l	o	, 19, ti	hạt I last	saw the	deceased
alive of	, 19	, and that de	ath occurred at	803 F m.,	from the causes	and on the d	ate stated	above.	
23a. SIGNATURE	· )	Dear	Degree or title)	23b. ADDRESS	Op	_		23c. DAT	SIGNED
XMXXX	Lun		min-3	130	o Clais	<u> </u>		47/5	6410
ZIa. BURNAL CREMA	azi)		ME OF CEMETER		RY 24d. LOCA	TION (City, tow	n, or count	y)	(State)
/ Burial	$\Phi$ TS-SS		t. Peter		· •	Louis		<u> </u>	
DATE REC'D BY LOCAL		SIGNATURE	_	J '	DIRECTOR'S S	GNATURE		DRE SS	
BES 59 829, LEG	19-13	Jana	an	Leidne	r U. 222	3. St., L	ouis	Ave.	
	0	(Lie	med Embelmer's S	tatement on Rev	erae Side)			·	<del></del>



## STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body who	se name is recorded	on the reverse	side of th	his certificate	was embalmed	by me, or	by Me
•	************************	***************************************	***********************					
					<b>-</b>			

working under my personal supervision.

Licensed Embalmer No. 42.83

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply v the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Student Embalmer